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Atty Docket No. 020824-004112US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Unassigned

Group Art Unit 3712

OFFICIAL COMMUNICATION

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Michael C. Wood, et al., Application No. 10/776,012, filed February 9, 2004 for INTERACTIVE HAND HELD APPARATUS WITH STYLUS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal-1 Page
2. IDS-3 Pages
3. Preliminary Amendment-3 Pages

Number of pages being transmitted, including this page: 7

Dated: Jan. 23, 2006


Patrick R. Jewik

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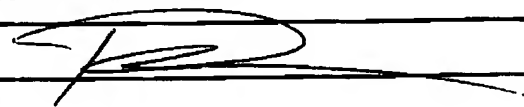
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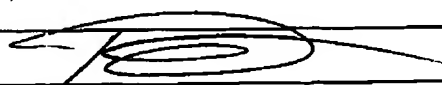
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/776,012
	Filing Date	February 9, 2004
	First Named Inventor	Wood, Michael C.
	Art Unit	3712
	Examiner Name	Unassigned
	Attorney Docket Number	020824-004112US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

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